

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **10702149**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				5		
11				1		
12						
13						
14				1		
15				1		
16				1		
17				1		
18				1		
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21				1		
22				1		
23				5		
24				1		
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47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.				29		
TOTAL CLAIMS				30		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						